

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2022
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NAME OF PROVIDER OR SUPPLIER PEARL OF ORCHARD VALLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 2330 WEST GALENA BOULEVARD AURORA, IL 60506
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S 000	Initial Comments First Probationary Licensure Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations I or II: 300.610 a) 300.696 a) 300.696 c)1)6) 300.1210 d)2)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.696 Infection Prevention and Control (Emergency Rule) a) Each facility shall establish and follow policies and procedures for investigating, controlling, preventing, and testing for infections in the facility. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. All staff shall be trained on the policies and procedures, and training records maintained for three years. Activities shall be monitored to ensure that these policies and procedures are</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>followed. Infection control policies and procedures shall be maintained in the facility and made available upon request to facility staff, the resident and the resident's family or resident's representative, the Department, and the certified local health department.</p> <p>c) Each facility shall adhere to the following guidelines and toolkits of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, and Agency for Healthcare Research and Quality:</p> <p>1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections</p> <p>6) Guideline for Isolation Precautions: Transmission of Infectious Agents in Healthcare Settings</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and record reviews, the facility failed to dispose of catheter irrigation kits after 24 hours, failed to have signs posted for contact/droplet precautions, and failed to date tubing on respiratory equipment according to the facility's policies. This applies to 3 of 3 (R3, R5, & R7) residents reviewed for infection prevention and control, in a sample of 7.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>The Findings Include:</p> <p>1. On 5/13/22 at 11:06 am a catheter irrigation kit was on R3's dresser with an open date of 5/8/22 (five days earlier).</p> <p>R3's electronic health record shows diagnoses including hemiplegia and hemiparesis, pressure ulcers to sacral region, left heel, right heel, right lower leg, right ankle, and right buttock, and essential primary hypertension. R3's electronic health record showed an order dated 11/6/21, Foley catheter-irrigate 30ml of sterile water every shift.</p> <p>On 5/13/22 at 2:51 pm V2 (Director of Nurses/DON) said that the catheter irrigation kits should only be kept for 24 hours after opening it.</p> <p>The facility's policy Catheter Irrigation Indwelling policy dated 11/01/18 under Procedure: 15. Container of sterile solution is used only once; Irrigation set can be used for 24 hours. Labeled with name use and date.</p> <p>2. On 5/13/22 at 11:40 am there were no signs on R5's door for contact/droplet precautions, R5's oxygen tubing and the tubing that supplies oxygen to her CPAP were not dated. R5's electronic health record shows diagnoses including chronic obstructive pulmonary disease with acute exacerbation, heart failure, and obstructive sleep apnea.</p> <p>R5's 5/13/22 orders showed, maintain contact/droplet precautions when CPAP in use and draw privacy curtain.</p> <p>On 5/13/22 at 2:32pm V11 (Registered Nurse/RN) said she did not know that R5 required</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>contact isolation and that she should have had signs posted on her door. On 5/13/22 at 2:51pm V2 (DON) said that she had not put the contact/droplet precaution signs on R5's door and it should be posted if a resident is on contact/droplet precautions.</p> <p>The facility's O2 Supplies policy dated 11/18 showed under Policy Statement: it is the facilities policy to ensure that oxygen and nebulizing equipment use is compliant with the acceptable standards of practice. The policy showed under Procedures 2. once open, this equipment will be dated and discarded after seven days of use whether use continuously or on a PRN basis.</p> <p>The facility's Isolation-Initiating Transmission-Based Precautions policy dated 11/23/21 showed under Procedure: 3. When transmission-based precautions are implemented, the infection preventionist or designee: g. determines the appropriate notification on the room entrance door and on the front of the residence chart, so personnel and visitors are aware of the need for and type of precautions. The signage informs the staff of the type of CDC precautions instructions for use of PPE, and/ or instructions to see a nurse before entering the room.</p> <p>The facility's Isolation-Notices of Transmission -Based Precautions showed under policy statement, notices will be used to alert personnel and visitors of transmission-based precautions while protecting the privacy of the residents. Procedure: 1. when transmission-based precautions are implemented, the infection preventionist or designee determines the appropriate notification to be placed on the room entrance door and on the front of the residence</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>chart so that personnel and visitors are aware of the need for the type of precautions. Under Procedure: 2.c. Droplet Precautions: 4. a notice at the doorway instructing visitors to report to the nurse's station before entering the room. 5. a sign indicating droplet precautions on the door to the residence rooms.</p> <p>3. R7's face sheet dated 5/13/22 has several diagnoses which includes chronic obstructive pulmonary disease, spina bifida, obstructive sleep apnea, dependence on supplemental oxygen and chronic respiratory failure with hypoxia. R7's MDS (Minimum Data Set) dated 4/4/22 show's R7's cognition is intact.</p> <p>On 5/13/22 at 10:51 am, R7's BiPAP (Bilevel Positive Airway Pressure) machine was observed by his bedside. R7's tubing and mask for the BiPAP machine were uncovered and there was no date on the tubing for the BiPAP machine and R7's oxygen tubing. R7 said he uses the BiPAP during the day when he takes a nap and at night and he has sleep apnea. R7 said the tubing and masks is not changed often, only when he asked staff to change it.</p> <p>On 5/17/22 at 12:57 PM, V3 (Assistant Director of Nursing/Infection Preventionist) said all oxygen tubing including tubing for BiPAP and CPAP should be dated and changed weekly and/or as needed. V3 said the nursing staff does not change BiPAP tubing and mask, the staff from respiratory company comes in weekly to change it.</p> <p>"B"</p> <p>Statement of Licensure Violations II of II: 300.610 a)</p>	S9999		

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S9999	<p>Continued From page 5 300.1630 a)2)3)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1630 Administration of Medication a) All medications shall be administered only by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents.</p> <p>2) Each dose administered shall be properly recorded in the clinical record by the person who administered the dose.</p> <p>3) Self-administration of medication shall be permitted only upon the written order of the licensed prescriber.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to have a written order for medication to be kept at bedside for</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>self-administration and failed to record each dose of bedside medication when administered. This applies to 1 of 1 resident reviewed for self-administration of medications in a sample of 7.</p> <p>The Findings Include:</p> <p>On 5/13/22 at 11:45 am, an albuterol inhaler was observed at R5's bedside.</p> <p>On 5/13/22 at 11:52 am R5 was observed taking two puffs of her inhaler with only 2 seconds in-between puffs.</p> <p>On 5/17/22 at 11:15 am, R5 was again observed taking two puffs of her Albuterol inhaler, again with only two seconds in-between puffs.</p> <p>On 5/17/22 at 2:32 pm, R5 said she uses her inhaler daily, she has never been instructed on how to use her inhaler, and she does not record when she uses the inhaler. R5 added she does not she tell the nursing staff that she has used it.</p> <p>On 5/17/22 V3 (Assistant Director of Nursing) said that medications should not be left at a resident's bedside unless a resident has an order for it. V3 said that if residents do have an order for self-administration of medications, they should also have a care plan for self-medication. On 5/18/22, V3 said that the care plan for self-administration of medications should include education on how often and how to use the medication. V3 also said that the residents Medication Administration Records (MARs) should show documentation when the resident is using the medication.</p> <p>On 5/18/22 at 9:32 am, R5's 5/2022 MARs</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>showed that as of Friday 5/13/22, no documentation had been made for R5's self-administration of her Albuterol inhaler.</p> <p>R5's electronic health record showed diagnoses including chronic obstructive pulmonary disease with acute exacerbation, heart failure, and obstructive sleep apnea. On 5/13/22 at 12:50 pm a review of R5's electronic health record showed no orders for an albuterol inhaler at bedside, no order to self-administer medications, no assessment for medication self-administration, and no care plan for medication self-administration. R5's electronic health record did show an order for albuterol sulfate 2 puff inhale every 4 hours as needed for SOB with a start date of 3/14/22.</p> <p>The facility's policy, Self-Administration of Medications and Treatments dated 6/15 showed under General: self-administration of medication and treatments are done to prepare a resident for a discharge and to help the resident maintain their independence. The decision for self-administration is done by the interdisciplinary team. Guideline: 1. Self-administration of medication and treatment is determined by an order after determining the resident is able to self-administer. 3. All medications and treatments that are self-administered are signed out in the MAR or TAR with the nurses initials/SA. Procedures: 4. Resident teaching will be performed by nursing staff. 5. Nursing will dispense medication is similar system that the resident was utilizing at home. A three-day supply will initially be dispensed. It will be the responsibility of the nurse to check the number of oral medications and document to determine if the proper medication and dose was taken. If compliance is satisfactory then a one-week</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>supply will be dispensed. Nursing will review the resident's compliance of self-administered medication at the time of each Med pass. 7. If a treatment is self-administered, the resident must perform a return demonstration of the treatment to be able to do treatment independently. 9. A care plan is for resident who self-administers, and documentation should be present in the nurses notes of teaching related to self-administration of the medication or treatment.</p> <p>"C"</p>	S9999		
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